



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: WOMENS HOSPITAL, THE (DEACONESS)

City of Hospital: Newburgh

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Christina Cady

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Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$100268026
Outpatient Patient Service Revenue	\$135510722
Total Gross Patient Service Revenue	\$235778748

2. Deductions From Revenue

Contractual Allowance	\$112538729
Other Deductions	\$-4200622
Total Deductions	\$108338107

3. Total Operating Revenue

Net Patient Service Revenue	\$127440641
Other Operating Revenue	\$2083181
Total Operating Revenue	\$129523822

4. Operating Expenses

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Salaries and Wages	\$48971681	Employee Benefits	\$11567804
Depreciation and Amortization	\$2941935	Interest Expense	\$337690
Bad Debt	\$1698660	Other Expenses	\$44106030
Total Operating Expenses	\$109623800		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$19900022	Total Assets	\$31355904
Net Non-operating Gains over Loss	\$98408	Total Liabilities	\$31355904
Total Net Gains	\$19998430		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$17168309	\$12664616	\$4503693
Medicaid	\$60764191	\$39779893	\$20984298
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$157846248	\$60094220	\$97752028
Total	\$235778748	\$112538729	\$123240019

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$2131400	\$0	
HCI Payments	\$0		
Subtotal	\$2131400	\$0	\$2131400
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$2131400	\$0	\$2131400
DSH Payments	\$6,332,022		

	Subtotal	\$8463422	\$0	\$8463422
Medicare Shortfalls		\$0	\$0	
Other Government Programs		\$0	\$0	
	Total	\$8463422	\$0	\$8463422

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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